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ABSTRACT

This handbook contains laws, rules, and regulations of the New York State Education Department that govern certification of nurse practitioners in New York State. General provisions cover education, prescriptive privilege, practice agreements and protocols, reciprocal certification with other states or countries, and certification in specialty areas of practice. The handbook also describes licensure requirements; includes application forms and instructions for obtaining certification and first registration as a certified nurse practitioner; and lists master's degree, advanced certificate, and certificate programs in nursing in New York State. (JDD)

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CERTIFICATION OF NURSE PRACTITIONERS

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
Cultural Education Center
Albany, New York 12230

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department
Division of Professional Licensing Services
Cultural Education Center
Albany, New York 12230

REQUIREMENTS FOR CERTIFICATION OF NURSE PRACTITIONER

OCTOBER 1990

PREFACE

This handbook has been developed to serve as a helpful reference guide. It contains laws, rules and regulations of the State Education Department that govern certification for nurse practitioner nursing practice in New York State. The handbook also describes licensure requirements and includes complete application forms and instructions for obtaining certification and first registration as a certified nurse practitioner.

The Division of Professional Licensing Services has installed a new regional service for receiving toll-free calls from persons calling within the United States.

The number for callers from this wide area telephone service (WATS) zone is **1-800-342-3729.**

Callers may also use **518-474-3817.**

Inquiries concerning practice issues should be directed to the State Board for Nursing at **518-474-3843** or at the following address:

State Board for Nursing
New York State Education Department
Cultural Education Center
Albany, NY 12230

When writing to the State Education Department, address letters to the attention of the appropriate unit, for instance:

Attention: Unit IV
New York State Education Department
Division of Professional Licensing Services
Cultural Education Center
Albany, NY 12230

Please Note: The applicant is responsible for reading this packet prior to submitting an application for certification.

This publication replaces the Certification of Nurse Practitioners Brochure, July 1989.

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, sexual orientation, or gender in the educational programs and activities which it operates. Inquiries concerning this policy of equal opportunity and affirmative action should be referred to the Department's Affirmative Action Officer, Education Building, 89 Washington Avenue, Albany, NY 12234.

CERTIFICATION OF NURSE PRACTITIONER

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REQUIREMENTS FOR

CERTIFICATION OF NURSE PRACTITIONERS

Chapter 257 of the Laws of 1988, which took effect April 1, 1989, authorizes nurse practitioners certified by the State Education Department to use the title "Nurse Practitioner" and engage in the expanded practice of nursing, which may include the performance of primary health care services and the issuance of prescriptions. Applicants may not engage in such expanded services until they are certified by the Department or exempt from certification in accordance with the law.

I. General Provisions for Candidates

1. **Licensure Status:** Candidates must be licensed and currently registered as a professional nurse in New York State.

2. **Education:**

(i)(a) Completion of an educational program registered by the department, or a program determined by the department to be equivalent to a registered program, which is designed and conducted to prepare graduates to practice as nurse practitioners,

or

(b) certification as a nurse practitioner by a national certifying body acceptable to the department;

or

(c) A program of education preparation for the provision of primary health care services as a nurse practitioner of at least four weeks in duration, and completed prior to April 1, 1989;

and

Two years of experience prior to April 1, 1989, at least one year of which shall be subsequent to April 1, 1986, in the provision of primary health care services in a health care facility licensed pursuant to Article 28 of the Public Health Law or in a school health demonstration project,

or

Satisfactory completion of a supplemental educational program culminating in the successful completion of a comprehensive examination or clinical evaluation; nurses should contact currently registered nurse practitioner programs to ask for information about admission with advanced placement,

and

(ii) completion of not less than three semester hours or the equivalent in pharmacotherapeutics either in an acceptable nurse practitioner program or after other education requirements for certification as nurse

practitioner have been satisfied. An acceptable course in pharmacology shall be equivalent in scope and content to that required by Section 52.12 of the Regulations of the Commissioner of Education (see page 23).

or

The department may accept as alternative criteria for satisfaction of the pharmacotherapeutics requirement set forth in paragraph 2 of subdivision (b) of this section any of the following:

(i) an educational program or a combination of courses which is the substantial equivalent in content and scope to the pharmacotherapeutics component of a registered program;

or

(ii) satisfactory completion of an examination in pharmacotherapeutics satisfactory to the department;

or

(iii) satisfactory completion of a nationally recognized examination acceptable for licensure in New York State as a physician's assistant or for certification as a nurse midwife.

3. **Prescriptive Privilege:** An applicant who satisfies all requirements for certification as a nurse practitioner may be authorized to issue prescriptions pursuant to Section 6902 (3) (b) of the Education Law after completing instruction satisfactory to the department in New York State and Federal laws and regulations relating to prescriptions and recordkeeping and in accordance with the practice agreement and practice protocols.

4. **Practice Agreements and Practice Protocols** shall be established prior to the commencement of practice and maintained in the practice settings of the nurse practitioner and collaborating physician where they shall be available to the department for inspection.

Practice agreements shall include provisions for referral and consultation, coverage for emergency absences of either the nurse practitioner or collaborating physician, resolution of disagreements between the nurse practitioner and collaborating physician regarding matters of diagnosis and treatment, and the review of patient records at least every three months by the collaborating physician; and may include such other provisions as determined by the nurse practitioner and collaborating physician to be appropriate.

Practice protocols shall identify the area of practice to be performed by the nurse practitioner in collaboration with the physician and shall reflect accepted standards of nursing and medical practice. Protocols shall include provisions for case management, including diagnosis, treatment, and appropriate recordkeeping by the nurse practitioner; and may include such other provisions as are determined by the nurse practitioner and collaborating physician to be appropriate. (See II F on page 9).

Questions about practice agreements and practice protocols should be referred to the State Board for Nursing at 518-474-3843.

5. **Certification on basis of licensure or Certification in another state or country.** The department may issue a certificate upon the receipt of satisfactory evidence that an applicant licensed or certified in another state or country has met the substantial equivalent of the New York requirements for certification. An applicant who does not have the substantial equivalent of all of the New York requirements may be required to make up specific deficiencies and/or pass a proficiency examination.

6. **Certification in additional Specialty Areas of Practice.**

1. An applicant who has been certified as a nurse practitioner may be certified in an additional specialty or specialties upon the submission of evidence satisfactory to the department that the criteria for initial certification in the additional specialty or specialties has been met, or in the alternative, that the applicant has met the following alternative education and experience requirements:

(i) Alternative education. The department may accept sixty hours of continuing education obtained in the specialty area of practice in which certification is sought. Such continuing education may be obtained through the completion of any of the following:

(a) academic courses or continuing education programs approved by

the department or by a nursing or medical organization or accrediting agency acceptable to the department, or

(b) evidence of preparation for the specialty by service as a presenter or lecturer in an academic or continuing education program, or by the publication in a professional journal of clinical information related to the specialty. Credit for such services or publication may not exceed thirty contact hours.

(c) independent study in an academic course or continuing education program may be accepted but may not exceed twelve contact hours.

(d) for the purposes of this paragraph one contact hour shall include at least fifty minutes of study and one academic semester hour shall equal fifteen contact hours and one academic quarter hour shall equal 12.5 contact hours.

(ii) Alternative experience. The department may accept either:

(a) one thousand hours of clinical practice after April 1, 1986 in the specialty for which additional certification is sought. Such practice shall be in a health care facility licensed pursuant to Article 28 of the Public Health Law or in a school health demonstration project, or

(b) three hundred hours of clinical practice as part of a clinical practicum affiliated with a nurse practitioner program registered by the department, or accredited by an accrediting agency acceptable to the department.

2. Evidence of completion of educational programs, experience and examinations submitted to meet alternative criteria for certification as a nurse practitioner must be satisfactory to the department, and the overall preparation of the applicant must be comparable by assessment and substantially equivalent to the preparation provided by a registered or approved program. The department may require verification of the content and completion of the program or experience and of the satisfactory performance of the applicant by the person or institution conducting the program or in which the experience was acquired.

II. DIRECTIONS FOR COMPLETION OF APPLICATION FORMS

REMINDER: A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH CONCENTRATION/SPECIALTY AREA. A list of current specialty areas is found on page 11.

A. All candidates must complete **Form 1, Application for Certification and Registration,** and submit it to the Division of Professional Licensing Services, New York State Education Department, with the required fee. If you are certified by a national association, attach a copy of your most current certification which shows the expiration date.

B. All candidates are requested to complete **Form 1D, Candidate Data Record,** and submit it with Form 1 to the Department.

C. Graduates of New York State Registered Nurse Practitioner Programs or Equivalent: Complete Section 1 of **Form 2NP, Verification of Program,** and forward the form to the nurse practitioner program from which you graduated. Request that it be completed and mailed with a transcript directly to the Division of Professional Licensing Services. If the candidate's nurse practitioner program did not include a pharmacotherapeutics component of not less than three semester hours or the equivalent, this requirement must be met before certification. Following completion of a course, Form 6NP should be submitted. (see G page 9).

D. Candidates who are applying for certification on the basis of passing an examination administered by a national association: Complete Section 1 of **Form 3NP, Verification of Nurse Practitioner Examination Administered by a National Association,** and forward to the national association from which certification was received. Request that it be completed and mailed directly to the Division of Professional Licensing Services. These candidates must meet the pharmacotherapeutic compenent course requirement for certification (submit Form 6NP).

E. Candidates who did not meet the prescription privilege and recordkeeping requirement in their nurse practitioner program: Complete Section I of **Form 4NP, Verification of Course Completed for Prescription Privilege which includes Instructions in New York State and Federal Laws Relating to Prescriptions and Recordkeeping,** and forward to the academic institution or professional

association where you completed the prescription course. Request that it be completed and mailed directly to the Division of Professional Licensing Services. If you need assistance in identifying an acceptable program, contact the State Board for Nursing at 518-474-3843.

F. Candidates who plan to practice as a Certified Nurse Practitioner: You and your collaborating physician **must complete Form 5NP, Practice Protocol.** Practice protocols must be filed with the Department within ninety (90) days of the commencement of practice. If practice is to occur within a standard published protocol, provide the title, publisher, and publication date on Form 5NP. If the nurse practitioner and collaborating physician have developed their own practice protocol or revisions or supplements to a standard text, these materials must be filed with the Department. **Protocols must be on file no later than 90 days following commencement of practice.**

Reminder: If the collaborative agreement is dissolved, the Certified Nurse Practitioner may **not** practice until a new practice agreement has been executed. A new Form 5NP and practice protocol must be submitted to the Department.

G. Candidates who did not meet the pharmacology course requirement in their nurse practitioner program: Complete Section I of **Form 6NP, Verification of Pharmacoherapeutics of not less than three semester hours or the equivalent** and forward to the academic institution or professional association where you completed the pharmacology course. Request that it be completed and mailed directly to the Division of Professional Licensing Services. If you need assistance in identifying an acceptable program, contact the State Board for Nursing at 518-474-3843.

H. **Applicants applying on the basis of alternative criteria:**

1. To verify education use Form 2.
2. To verify an individual pharmacoltherapuetics component/course use Form 6.
3. To verify passing the Physician's Assistant or Nurse Midwifery National examination request the verifying body to provide direct verification of the date the examination was passed and the current status of certification.

American College of Nurse Midwives

1522 K Street

Suite 1120

Washington, DC 20005

(202) 289-0171

or

National Commission on Certification of Physician's Assistants, Inc.

3384 Peachtree Road NE

Suite 560

Atlanta, GA 30326

(404) 261-1261

4. To verify two years of satisfactory experience in an Article 28 facility or School Health Demonstration Project submit a **Form 7NP: Verification of Experience**.

5. To provide evidence of continuing education that is equivalent in scope and content to a pharmacotherapeutics component of a New York State registered Nurse Practitioner program ask the providing agency to submit direct verification to the Department. The verification must show the specific hours and content of each continuing education offering proficiency that specifically related to pharmacotherapeutics.

6. As soon as the examination in pharmacotherapeutics (see 64.5 (c)(2)(ii)) and the supplement educational program are available applicants will be advised.

I. **Specialty Areas:** Applicants should clearly indicate the specialty area desired, and the basis upon which the application has been made (educational program or national certification). In general, when more than one specialty area is applicable, it is advisable to select the more general category. Likewise, when the candidate is eligible for certification based upon both educational program and national certification, it is advisable to select the educational program. **HOWEVER,** the candidate should select the specialty and basis for certification which best meets his or her experience and needs.

The specialty areas include, but are not necessarily limited to:

Adult Health	Gerontology	Pediatrics
College Health	Neonatology	Perinatology
Community Health	Obstetrics/Gynecology	Psychiatry
Family Health	Oncology	School Health
		Women's Health

J. **Certification in additional specialty areas of practice:**

To apply for certification on an additional specialty area, submit the following:

1. Submit Form 1: Application for Certification and Registration.
2. Form 1D: Candidate Data Record is requested.
3. Education: (see 64.5 d (1)(i)):
   (i) Provide direct verification of continuing Education as described in H (5) on page 10.
   (ii) transcript of academic courses.
   (iii) direct verification of services as a presentor or lecturer on an academic or continuing education program.
   (iv) copies of publications related to clinical information on specialty sought on professional journal.

4. Clinical Practice: (see 64.5 (1)(ii):

   (a) to verify 1000 hours of clinical practice after April 1, 1986 in the specialty for which additional certification is sought, submit a Form 7NP: Verification of Experience.

   (b) to verify a 300 hour clinical practicum applicant with a nurse practitioner program use the Form 2NP.

III. FEE INFORMATION

A. **Fee Schedule for Services:**

	Nurse Practitioner
Certification for **each** specialty	
Fee for each specialty	$ 50
First triennial registration	$ 30
Total to be Paid	$ 80

Do not send cash. Please make check or money order payable to the New York State Education Department. Mail appropriate forms and fee to: Fee Section, Division of Professional Licensing Services, State Education Department, Cultural Education Center, Albany, New York 12230. **PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned.**

B. **Fee Refunds:**

The law provides that if an application for certification as a Nurse Practitioner is denied or withdrawn timely the applicant may be granted a partial refund not exceeding the first registration fee and one half of the certification fee paid to the Department. However, if a candidate does withdraw his or her application and obtains a partial refund and then decides to seek New York State certification at a later date, he or she will be considered as a new candidate. In such cases, new candidates would be required to pay the full certification and

registration fees and meet the requirements in place at the time of reapplication. Requests for refunds must be made in writing.

C. **Confirmation of Newly Issued Certificates:**

When eligible candidates are approved for certification by the Department, a certificate number and an effective date are assigned. Approved candidates will become credentialed and entitled to practice in New York State as of that date. Written confirmation of certification by the Department consists of the registration certificate mailed within two to three weeks following the effective date. As mentioned in the Brochure Preface, candidates who have reason to believe they have met the licensure or certification requirements are welcome to use the Division's new regional telephone service by calling (800) 342-3729. The official certificate number, once issued, and the effective date will be confirmed by telephone.

D. **The Initial Registration Period:**

1. Duration of Registration Periods.

The established triennial registration periods for Nurse Practitioner are as follows:

September 1, 1989 - August 31, 1992

September 1, 1992 - August 31, 1995

September 1, 1995 - August 31, 1998

2. Prorated Refunds of Initial Registration Fee.

For newly licensed professionals or licensees reactivating their registration with the Department one or more years after the beginning of the established triennial registration period, a partial refund of either one-third of the fee submitted (second year registration) or two-thirds of the fee submitted (third year registration) will be issued by the Department. Such refunds normally take a minimum of 8-12 weeks for processing and mailing.

NOTICE

REGARDING REGISTRATION FEES

Please note that Section 59.7 of Part 59 of the Regulations of the Commissioner of Education is no longer in effect. It has been superseded by the new Section 6502.3 of Title VIII of the Education Law which appears below. A newly licensed person registering within the last 4 months of the registration period is no longer reregistered for the next registration period without an additional fee.

§6502. Duration and registration of a license.

3. An application for registration and the required registration fee shall be submitted together with or as a part of the application for a license. A person initially licensed or a licensee resuming practice after a lapse of registration during the last two years of a triennial registration period shall receive a prorated refund of one-third of the total registration fee for each full year of the triennial period that has elapsed prior to the date of registration. The department shall renew the registration of each licensee upon receipt of a proper application, on a form prescribed by the department, and the registration fee. Any licensee who fails to register by the beginning of the appropriate registration period shall be required to pay an additional fee for late filing of ten dollars for each month that registration has been delayed while such licensee continued to practice his profession. The licensee resuming practice after a lapse of registration shall be permitted to practice without actual possession of the registration certificate for not more than four months after mailing to the department the required application fee.

ARTICLE 139
NURSING

Section
6900. Introduction.
6901. Definitions
6902. Definition of practice of nursing.
6903. Practice of nursing and use of title "registered professional nurse" or "licensed practical nurse".
6904. State board for nursing.
6905. Requirements for a license as a registered professional nurse.
6906. Requirements for a license as a licensed practical nurse.
6907. Limited permits.
6908. Exempt persons.
6909. Special provision.
6910. Certificates for nurse practitioner practice.

§6900. Introduction. This article applies to the profession of nursing. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§6901. Definitions. As used in section sixty-nine hundred two:

1. "Diagnosing" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis.

2. "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen.

3. "Human Responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

§6902. Definition of practice of nursing. 1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.

2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling,

and provision of supportive and restorative care under the direction of a registered professional nurse or licensed or otherwise legally authorized physician or dentist.

3. (a) The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.

(b) Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner, under this subdivision and section six thousand nine hundred ten of this article, in accordance with the practice agreement and practice protocols. The nurse practitioner shall obtain a certificate from the department upon successfully completing a program including an appropriate pharmacology component, or its equivalent, as established by the commissioner's regulations, prior to prescribing under this subdivision. The certificate issued under section six thousand nine hundred ten of this article shall state whether the nurse practitioner has successfully completed such a program or equivalent and is authorized to prescribe under this subdivision.

(c) Each practice agreement shall provide for patient records review by the collaborating physician in a timely fashion but in no event less often than every three months. The names of the nurse practitioner and the collaborating physician shall be clearly posted in the practice setting of the nurse practitioner.

(d) The practice protocol shall reflect current accepted medical and nursing practice. The protocols shall be filed with the department within ninety days of the commencement of the practice and may be updated periodically. The commissioner shall make regulations establishing the procedure for the review of protocols and the disposition of any issues arising from such review.

(e) No physician shall enter into practice agreements with more than four nurse practitioners who are not located on the same physical premises as the collaborating physician.

(f) Nothing in this subdivision shall be deemed to limit or diminish the practice of the profession of nursing as a registered professional nurse under this article or any other law, rule, regulation or certification, nor to deny any registered professional nurse the right to do any act or engage in any practice authorized by this article or any other law, rule, regulation or certification.

(g) The provisions of this subdivision shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law.

§6903. **Practice of nursing and use of title "registered professional nurse" or "licensed practical nurse".** Only a person licensed or otherwise authorized under this article shall practice nursing and only a person licensed under section sixty-nine hundred four shall use the title "registered professional nurse" and only a person licensed under section sixty-nine hundred five of this article shall use the title "licensed practical nurse".

§6904. State board for nursing. A state board for nursing shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall be composed of not less than fifteen members, eleven of whom shall be registered professional nurses and four of whom shall be licensed practical nurses all licensed and practicing in this state for at least five years. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner and shall be a registered professional nurse registered in this state.

§6905. Requirements for a license as a registered professional nurse. To qualify for a license as a registered professional nurse, an applicant shall fulfill the following requirements:

(1) Application: file an application with the department;

(2) Education: have received an education, and a diploma or degree in professional nursing, in accordance with the commissioner's regulations;

(3) Experience: meet no requirement as to experience;

(4) Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;

(5) Age: be at least eighteen years of age;

(6) Citizenship: meet no requirement as to United States citizenship;

(7) Character: be of good moral character as determined by the department; and

(8) Fees: pay a fee of one hundred fifteen dollars to the department for admission to a department conducted examination and for an initial license, a fee of forty-five dollars for each reexamination, a fee of seventy dollars for an initial license for persons not requiring admission to a department conducted examination, and a fee of fifty dollars for each triennial registration period.

§6906. Requirements for a license as a licensed practical nurse. To qualify for a license as a licensed practical nurse, an applicant shall fulfill these requirements:

(1) Application: file an application with the department;

(2) Education: have received an education including completion of high school or its equivalent, and have completed a program in practical nursing, in accordance with the commissioner's regulations, or completion of equivalent study satisfactory to the department in a program conducted by the armed forces of the United States or in an approved program in professional nursing;

(3) Experience: meet no requirement as to experience;

(4) Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations, provided, however, that the educational requirements set forth in subdivision two of this section are met prior to admission for the licensing examination;

(5) Age: be at least seventeen years of age;

(6) Citizenship: meet no requirements as to United States citizenship;

(7) Character: be of good moral character as determined by the department; and

(8) Fees: pay a fee of one hundred fifteen dollars to the department for admission to a department conducted examination and for an initial license, a fee of forty-five dollars for each reexamiantion, a fee of seventy dollars for an initial license for persons not requiring admission to a department conducted examination and a fee of fifty dollars for each triennial registration period.

§6907. Limited permits. 1. A permit to practice as a registered professional nurse or a permit to practice as a licensed practical nurse may be issued by the department upon the filing of an application for a license as a registered professional nurse or as a licensed practical nurse and submission of such other information as the department may require to (i) graduates of schools of nursing registered by the department, (ii) graduates of schools of nursing approved in another state, province, or country or (iii) applicants for a license in practical nursing whose preparation is determined by the department to be the equivalent of that required in this state.

2. Such limited permit shall expire one year from the date of issuance or upon notice to the applicant by the department that the application for license has been denied, or ten days after notification to the applicant of failure on the professional licensing examination, whichever shall first occur. Notwithstanding the foregoing provisions of this subdivision, if the applicant is waiting the result of a licensing examination at the time such limited permit expires, such permit shall continue to be valid until ten days after notification to the applicant of the results of such examination.

3. A limited permit shall entitle the holder to practice nursing only under the supervision of a nurse currently registered in this state and with endorsement of the employing agency.

4. Fees. The fee for each limited permit shall be thirty-five dollars.

5. Graduates of schools of nursing registered by the department may be employed to practice nursing under supervision of a professional nurse currently registered in this state and with the endorsement of the employing agency for ninety days immediately following graduation from a program in nursing and pending receipt of a limited permit for which an application has been filed as provided in this section.

§6908. Exempt persons. 1. This article shall not be construed:

a. As prohibiting the care of the sick by any person, provided such person is employed primarily in a domestic capacity and does not hold himself or herself out, or accept employment as a person registered to practice nursing under the provision of this article, or as preventing any person from the domestic administration of family remedies or the furnishing of nursing assistance in case of an emergency;

b. As including services given by attendants in institutions under the jurisdiction of or subject to the visitation of the state department of mental hygiene if adequate medical and nursing supervision is provided;

c. As prohibiting such performance of nursing service by students enrolled in registered schools or programs as may be incidental to their course of study;

d. As prohibiting or preventing the practice of nursing in this state by any legally qualified nurse or practical nurse of another state, province, or country whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of such engagement provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;

e. As prohibiting or preventing the practice of nursing in this state during an emergency or disaster by any legally qualified nurse or practical nurse of another state, province, or country who may be recruited by the American National Red Cross or pursuant to authority vested in the state civil defense commission for such emergency or disaster service, provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;

f. As prohibiting or preventing the practice of nursing in this state, in obedience to the requirements of the laws of the United States, by any commissioned nurse officer in the armed forces of the United States or by any nurse employed in the United States veterans administration or United States public health service while engaged in the performance of the actual duties prescribed for him or her under the United States statutes, provided such person does not represent or hold himself or herself out as a nurse registered to practice in this state; or

g. As prohibiting the care of the sick when done in connection with the practice of the religious tenets of any church.

§6909. Special provision. 1. Notwithstanding any inconsistent provision of any general, special, or local law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such registered professional nurse or licensed practical nurse. Nothing in this subdivision shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering professional services in the normal and ordinary course of her practice.

2. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.

3. An applicant for a license as a registered professional nurse or licensed practical nurse by endorsement of a license of another state, province or country whose application was filed with the department under the laws in effect prior to August thirty-first, nineteen hundred seventy-one shall be licensed only upon successful completion of the appropriate licensing examination unless satisfactory evidence of the completion of all educational requirements is submitted to the department prior to September one, nineteen hundred seventy-seven.

§6910. **Certificates for nurse practitioner practice.** 1. For issuance of a certificate to practice as a nurse practitioner under subdivision three of section six thousand nine hundred two of this article, the applicant shall fulfill the following requirements:

(a) Application: file an application with the department;

(b) License: be licensed as a registered professional nurse in the state;

(c) Education: (i) have satisfactorily completed educational preparation for provision of these services in a program registered by the department or in a program determined by the department to be the equivalent; or

(ii) submit evidence of current certification by a national certifying body, recognized by the department; or

(iii) meet such alternative criteria as established by the commissioner's regulations;

(d) Fees: pay a fee to the department of fifty dollars for each initial certificate authorizing nurse practitioner practice in a specialty area and a triennial registration fee of thirty dollars. Registration under this section shall be coterminous with the nurse practitioner's registration as a professional nurse.

2. Only a person certified under this section shall use the title "nurse practitioner".

3. The provisions of this section shall not apply to any act or practice authorized by any other law, rule, regulation or certification.

4. The provisions of this section shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law.

5. The commissioner is authorized to promulgate regulations to implement the provisions of this section.

PART 52.12
REGISTRATION OF CURRICULA
NURSING

§52.12 Nursing. (a) Programs which prepare for admission to licensing examinations.

(1) The curriculum for a program preparing for admission to the licensing examination for registered professional nurse shall meet the following standards:

(i) The program leading to the diploma in nursing shall include a mimimum of the equivalent of 30 semester hours in nursing and shall be at least two years in length.

(ii) The program leading to an associate degree with a major in nursing shall include a minimum of 30 semester hours or the equivalent in nursing.

(iii) The program leading to a baccalaureate or higher degree with a major in nursing shall include a minimum of 40 semester hours or the equivalent in nursing.

(2) The curriculum for a program preparing for admission to the licensing examination for licensed practical nurse shall meet the following standards:

(i) The curriculum offered by an agency or institution other than a college shall be a minimum of nine months in length.

(ii) The curriculum offered by a college shall be a minimum of two semsters or the equivalent in length.

(3) Clinical facilities. A written contract or agreement shall be executed between the institution conducting the nursing program and the cooperating clinical facility or agency, shall be signed by the responsible officer of each party, and shall set forth the responsbilities of each party.

(b) Programs and courses in nursing other than those that prepare for admission to a licensing examination.

(1) Nurse practitioner programs. (i) Definitions of terms. (a) For purposes of this paragraph, nurse practitioner program means an educational program which meets the requirements of this paragraph and which has as its objective the education of nurses who will, upon completion of their studies in such programs, be qualified to provide services, within the scope of practice permitted by Section 6910 of the Education Law.

(ii) Registration. No nurse practitioner program shall be offered until such program has been registered by the department.

(iii) Admission. Licensure as a registered nurse in New York or another jurisdiction of the United States shall be required for admission to a registered program except that in a combined program of education as a registered professional nurse and as a nurse practitioner, registered by the department or accredited by an accrediting agency acceptable to the department, the nurse practitioner

component may be taken upon successful completion of the registered nurse component.

(iv) Curriculum. The curriculum shall include, in addition to the requirements of Section 52.2 (c) of this Title:

(a) Classroom and supervised clinical designed to prepare nurse practitioners in the areas of diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice;

(b) A pharmacology component of not less than three semester hours or the equivalent; to include instruction in drug management of clients in the nurse practitioner specialty area and instruction in New York State and Federal laws and regulations relating to prescriptions and recordkeeping; and

(c) A preceptorship experience, supervised by a nurse practitioner or physician practicing in the specialty area of the program, of at least one semester in length or its equivalent.

(v) Credential. Upon satisfactory completion of all components of the program including class, supervised clinical nursing practice, and preceptorship, a certificate of completion indicating the specialty area shall be issued to each individual by the sponsoring institution/agency.

(2) Other courses. No institution may offer courses in clinical nursing for students enrolled in basic nursing programs, or for graduates of State-approved nursing education programs who are not licensed and currently registered to practice nursing in New York, unless such courses have been registered by the department.

PART 64
NURSING

Section 64.1 Professional study of nursing. (a) Registered professional nursing. To meet the professional education requirement, the applicant shall have graduated from:

(1) a program in nursing registered by the department as preparation for practice as a registered professional nurse; or

(2) a program in nursing approved by the licensing authority in another state, territory or possession of the United States as preparation for practice as a registered professional nurse; or

(3) A general nursing course of at least two academic years in a country outside the United States and its territories or possessions that is satisfactory to the department and that the licensing authority or appropriate governmental agency of said country certifies to the department as being preparation for practice as a registered professional nurse. For issuance of a limited permit, an applicant shall obtain a score satisfactory to the department on a proficiency examination selected by the department as evidence of equivalent training, if the applicant's nursing education was obtained in a school of nursing outside the United States and its territories and has not been determined by the department to be equivalent in quality and scope to a program of nursing education registered by the department.

(b) Licensed practical nursing. To meet the education requirements, the applicant shall have graduated from high school or its equivalent, and shall have:

(1) graduated from a program in nursing registered by the department or approved by the licensing authority in another state, territory, or possession of the United States as preparation for practice as a licensed practical nurse; or

(2) completed preparation in a program determined by the department to be equivalent to the programs described in paragraph (1) of this subdivision; or

(3) graduated from a program in practical nursing of at least 9 months in a country outside the United States and its territories or possessions, which program is satisfactory to the department and which program the licensing authority of said country certifies to the department as being preparation for practice as a licensed practical nurse; or

(4) graduated from a general nursing course in a country outside the United States and its territories that is satisfactory to the department and that the licensing authority of said country certifies to the department as being preparation for practice as a professional nurse.

64.2 Licensing examinations. (a) Registered professional nursing

(1) All parts of the registered professional nurse licensing examination shall be taken each time the candidate is examined.

(2) Each candidate for licensure as a registered professional nurse examined

after November 22, 1961 shall have taken an examination acceptable to the State Board for Nursing. Except as provided in section 64.3 of this Part, each candidate examined after May 31, 1974 shall have taken the same examination on the same dates such examination was given in this state.

(3) The registered professional nurse licensing examination results shall be reported as a single score. Applicants who have passed a part or parts of the registered professional nurse licensing examination prior to July 1, 1982 may not retain credit for such part or parts beyond that date.

(b) Licensed practical nursing.

(1) A candidate for licensure as a practical nurse shall pass an examination acceptable to the State Board for Nursing. Each candidate examined after September 11, 1974 shall have taken the same examination on the same dates such examination was given in this state.

(2) The passing score as determined by the State Board for Nursing for the licensed practical nurse licensing examination shall be reported as a single score.

64.3 Limited permits. A limited permit to practice as a registered professional nurse or licensed practical nurse may be issued after the applicant has met requirements of age, moral character, education and proficiency examination, if applicable, provided that the applicant has not failed the professional licensing examination. Failure on a registered professional nurse licensing examination shall not preclude issuance of a limited permit to practice as a licensed practical nurse.

64.5 Nurse practitioner certification. (a) Certificates.

(1) Nurse practitioner certificates issued to a registered professional nurse will reflect the specialty area of nurse practitioner academic preparation.

(2) The certificate will specify the specialty area of practice and that prescriptive privileges have been granted.

(3) A nurse practitioner may apply for certification in more than one specialty area of practice. A complete application and fee shall be required for each certificate.

(b) Professional study. To meet the professional education requirements for certification in this State, the applicant shall present evidence of:

(1)(i) completion of an educational program registered by the department, or a program determined by the department to be equivalent to a registered program, which is designed and conducted to prepare graduates to practice as nurse practitioners, or,

(ii) certification as a nurse practitioner by a national certifying body acceptable to the department; and,

(2) completion of not less than three semester hours or the equivalent in pharmacology either in an acceptable nurse practitioner program or after other educational requirements for certification as nurse practitioner have been satisfied. An acceptable course in pharmacology shall be equivalent in scope and content to that required by Section 52.12 of this Title.

(c) Alternative criteria for certification. (1) For applicants whose professional education as a nurse practitioner was completed prior to April 1, 1989, the department may accept as alternative educational criteria the following qualifications:

(i) A program of education preparation for the provision of primary health care services as a nurse practitioner of at least four weeks in duration, and completed prior to April 1, 1989; and

(ii) a course of instruction in pharmacotherapeutics management as required by this subdivision; and either:

(iii) two years of experience prior to April 1, 1989, at least one year of which shall be subsequent to April 1, 1986, in the provision of primary health care services in a health care facility licensed pursuant to Article 28 of the Public Health Law or in a school health demonstration project, or

(iv) satisfactory completion of a supplemental educational program culminating in the successful completion of a comprehensive examination or clinical evaluation.

(2) the department may accept as alternative criteria for satisfaction of the pharmacotherapeutics requirement set forth in paragraph 2 of subdivision (b) of this section any of the following:

(i) an educational program or a combination of courses which is the substantial equivalent in content and scope to the pharmacotherapeutics component of a registered program; or

(ii) satisfactory completion of an examination in pharmacotherapeutics satisfactory to the department; or

(iii) satsifactory completion of a nationally recognized examination acceptable for licensure in New York State as a physician's assistant or for certification as a nurse midwife.

(3) The department may issue a certificate upon the receipt of satisfactory evidence that an applicant licensed or certified in another state or country has met the substantial equivalent of the New York requirements for certification. An applicant who does not have the substantial equivalent of all of the New York requirements may be required to make up specific deficiencies and/or pass a proficiency examination.

(d) Alternative criteria for certification in additional specialty areas of practice.

(1) An applicant who has been certified as a nurse practitioner may be certified in an additional specialty or specialties upon the submission of evidence satisfactory to the department that the criteria for initial certification in the additional specialty or

specialties has been met, or in the alternative, that the applicant has met the following alternative education and experience requirements:

(i) Alternative education. The department may accept sixty hours of continuing education obtained in the specialty area of practice in which certification is sought. Such continuing education may be obtained through the completion of any of the following:

(a) academic courses or continuing education programs approved by the department or by a nursing or medical organization or accrediting agency acceptable to the department, or

(b) evidence of preparation for the specialty by service as a presenter or lecturer in an academic or continuing education program, or by the publication in a professional journal of clinical information related to the specialty. Credit for such services or publication may not exceed thirty contact hours.

(c) independent study in an academic course or continuing education may be accepted but may not exceed twelve contact hours.

(d) for the purposes of this paragraph one contact hour shall include at least fifty minutes of study and one academic semester hour shall equal fifteen contact hours and one academic quarter hour shall equal 12.5 contact hours.

(ii) Alternative experience. The department may accept either:

(a) one thousand hours of clinical practice after April 1, 1986 in the specialty for which additional certification is sought. Such practice shall be in a health care facility licensed pursuant to Article 28 of the Public Health Law or in a school health demonstration project, or

(b) three hundred hours of clinical practice as part of a clinical practicum affiliated with a nurse practitioner program registered by the department, or accredited by an accrediting agency acceptable to the department.

(2) Evidence of completion of educational programs, experience and examinations submitted to meet alternative criteria for certification as a nurse practitioner must be satisfactory to the department, and the overall preparation of the applicant must be comparable by assessment and substantially equivalent to the preparation provided by a registered or approved program. The department may require verification of the content and completion of the program or experience and of the satisfactory performance of the applicant by the person or institution conducting the program or in which the experience was acquired.

(f) Prescriptive privilege. An applicant who satisfies all requirements for certification as a nurse practitioner may be authorized to issue prescriptions pursuant to Section 6902 (3) (b) of the Education Law after completing instruction, satisfactory to the department relating to prescriptions and recordkeeping.

64.6 Nurse practitioner practice. (a) Practice agreements and practice protocols shall be maintained in the practice setting of the nurse practitioner and collaborating physician and shall be available to the department for inspection.

(b) Practice agreements shall include provisions for referral and consultation, coverage for emergency absences of either the nurse practitioner or collaborating physician, resolution of disagreements between the nurse practitioner and collaborating physician regarding the matter of diagnosis and treatment, and the review of patient records at least every three months by the collaborating physician; and may include such other provisions as determined by the nurse practitioner and collaborating physician to be appropriate.

(c) Protocols shall identify the area of practice to be performed by the nurse practitioner in collaboration with the physician and shall reflect accepted standards of nursing and medical practice. Protocols shall include provisions for case management, including diagnosis, treatment, and appropriate recordkeeping by the nurse practitioner; and may include such other provisions as are determined by the nurse practitioner and collaborating physician to be appropriate. Such protocols may be updated periodically.

(d) The department in its discretion or upon request of a nurse practitioner or collaborating physician may review practice protocols for the purpose of insuring that they are in conformance with accepted medical and nursing practice and with the statutes and regulations governing the practice of medicine, nursing, and the prescribing of drugs, and may render an opinion which shall be binding upon the parties to the protocol. A practice and protocol committee designated by the Deputy Commissioner for the Professions shall review practice protocols and shall recommend findings as to their adequacy and conformity with current accepted medical and nursing practice. If the department determines that a protocol is inadequate or contrary to current accepted medical and nursing practice it shall communicate that determination, and the reasons therefor, to the nurse practitioner and to the collaborating physician in writing. The nurse practitioner and collaborating physician shall conform to accepted medical and nursing practice immediately, and shall submit a revised protocol within thirty days of receipt of the department's determination, unless an extension of time is requested and granted by the department. Continuation of practice in violation of the determination shall constitute unprofessional conduct by either or both licensees.

(e) An appeal from a determination that a practice protocol is inadequate or contrary to current accepted medical and nursing practice may be taken within thirty days after receipt of the notice of determination by a petition setting forth the reasons for the appeal, and signed by both the nurse practitioner and the collaborating physician. Such joint appeal shall be filed with the Division of Professional Licensing Services and determined by the Committee on the Professions whose determination shall be final.

(f) In addition to the requirements of section 6810 of the Education Law, prescription forms used by nurse practitioners shall be printed with the name, nurse practitioner certificate number, office address, and office telephone number of the nurse practitioner.

Master's Degree and Advanced Certificate Programs in Nursing in New York State

Registered by the State Education Department

October 1990

	PROGRAM TRACK	MASTERS DEGREE
SUNY at Buffalo 1010 Kimball Tower Buffalo 14214 (716) 831-2533	Adult Nursing Practitioner	X
	Women's Health Care Practitioner	X
	Geriatric	X
	Pediatric Nurse Practitioner	X
	Family Nurse Practitioner	X
University of Rochester 601 Elmwood Avenue Rochester 14642 (716) 275-5452	Adult Health	X
	Family Health	X
	Pediatric Nursing	X
	Gerontological Nursing	X
	Women's Health Care	X
	Primary Care Practitioner	Adv. Cert.
SUNY at Binghamton Vestal Parkway Binghamton 13901 (607) 777-2311	Family Nursing	X
	Family Nurse Practitioner	Adv. Cert.
Syracuse University 426 Ostrom Avenue Syracuse 13210 (315) 443-2141	Nursing Adult Health	X
Pace University 861 Bedford Road Pleasantville 10570 (914) 773-3341	Family Primary Care	X

	PROGRAM TRACK	MASTERS DEGREE
Hunter College-Bellevue School of Nursing 695 Park Avenue New York City 10021 (212) 481-4312	Geriatric Nurse Practitioner	X
Columbia University 630 West 168th Street New York City 10021 (212) 305-3582	Adult/Geriatric Nurse Practitioner Family Nurse Practitioner Gerontology Pediatric Ambulatory Care	X X X X
Adelphi University Garden City Long Island 11530 (516) 663-1002	Adult-Health Parent-Child	X Adv. Cert. X Adv. Cert.
SUNY Stony Brook Health Sciences Center Stony Brook 11790	Psychiatric Nursing Gerontological Nursing Child Health Perinatal/Women's Health	X X X X

NURSE PRACTITIONER PROGRAMS LEADING TO A CERTIFICATE

REGISTERED BY THE STATE EDUCATION DEPARTMENT

	PROGRAM TITLE
Community General Hospital of Greater Syracuse Syracuse 13215 (315) 492-5011	Nurse Practitioner Program
Cornell University New York Hospital School of Continuing Education for Nurses 525 East 68th Street New York 10021 (212) 746-1212	Geriatric Nurse Practitioner Neonatal Nurse Practitioner Programs
State University of New York Health Science Center of Brooklyn with Planned Parenthood of New York City, Inc. 380 Second Avenue New York 10010 (212) 777-2002	Women's Health Care Program Nurse Practitioner Program

FORM 1

CERTIFIED NURSE PRACTITIONER

COMPLETE BOTH SIDES OF THIS APPLICATION

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Division of Professional Licensing Services

APPLICATION FOR CERTIFICATION AND REGISTRATION

DEPARTMENT USE ONLY

8 0

N.Y.S. Certificate Number

1 SOCIAL SECURITY NUMBER ___-___-____

2 FIRST 3 LETTERS OF LAST NAME

3 BIRTH DATE mo. day yr.

4 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR CURRENT R.N. REGISTRATION. (NOTE: See Instructions for Important Information).

Last

First

Middle

5 ADDRESS

Care of

Misc. (Bldg. & Apt., etc.)

Street

City

State Zip Code

6 TELEPHONE

At home ___ area code ___ number

At work ___ area code ___ number

		Circle Below	
7	New York State Registered Professional Nurse License Number: _____		
8	Have you ever been convicted of a crime (felony or misdemeanor) in any state or country?	Yes	No
9	Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than by acquittal or dismissal?	Yes	No
10	Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?	Yes	No
11	Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?	Yes	No
12	Since you last registered, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such action due to professional misconduct, unprofessional conduct, incompetence or negligence?	Yes	No

If the answer to questions 8-12 is "Yes," submit a letter giving complete explanation, include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certification of Good Conduct."

13	I am applying for: (a) Nurse Practitioner Certification only. List Specialty: _____	Yes	No
	(b) Certification with prescription privilege. List Specialty: _____	Yes	No
14	I plan to practice as a nurse practitioner in the specialty of _____ and will submit a practice protocol.	Yes	No

15 Identify the basis on which you are applying for certification. NOTE: A Form 1 & Fee must be filed for each concentration/specialty area.

☐ a. Completion of Program registered by New York State Education Department. (File Form 2NP)

Program Title (including specialty) _____ Institution _____ Date Graduated _____

☐ b. Completion of Program not registered in New York State. (File Form 2NP)

Program Title (including specialty) _____ Institution _____ Date Graduated _____

☐ c. Verification of passing a Nurse Practitioner examination administered by a National Association. (File 3NP)

Examination _____ Certifying Agency _____ Examination Date _____

☐ d. On the basis of alternative criteria: ☐ Experience (File Form 7NP) ☐ Advanced Placement Course (File Form 2NP)

16 Name(s) under which credentialed: _____ (See item 15 above)

October 1990

COMPLETE OTHER SIDE

17 IN THE SPACES BELOW, GIVE AN ACCURATE RECORD OF YOUR EDUCATIONAL PREPARATION.

Name of Schools Attended and Locations	ATTENDANCE		Credential Awarded
	Entrance Date	Completion Date	
Basic Nursing Program for R.N. Licensure			
All Postsecondary Higher Education except Nurse Practitioner Program(s)			
Nurse Practitioner Program(s)			
Certifications by National Certifying Body or State **Date originally certified:** _____ **Expiration date of current certification:** _____			

AFFIDAVIT

I hereby certify that I have read the statutory provisions, Rules of the Board of Regents and Regulations of the Commissioner of Education distributed to me by the State Education Department.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

• DO NOT STAPLE •

IN THIS SPACE
SECURELY ATTACH
PHOTOGRAPH TAKEN
WITHIN PAST YEAR

Write signature on light portion of photograph not across features.

_____ _____ _____

Signature of candidate Date Date of Photograph

RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 1D CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services	CANDIDATE DATA RECORD GENDER AND ETHNICITY

ALL CANDIDATES ARE REQUESTED TO COMPLETE THIS FORM

The New York State Board of Regents and the State Education Department are committed to equal opportunity and racial justice. To achieve these goals, legislation has been enacted which calls for specific efforts in eradicating the present effects of past discrimination. The Regents and the State Education Department endorse a coordinated and comprehensive effort involving the sustained efforts of the educational system, professional boards, professional associations and societies, government, industry, parent groups, and individual professionals. In pursuit of those efforts, the Legislature has authorized and required the Commissioner of Education to collect and analyze data concerning representation in the licensed professions.

The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes pertaining to the study of representation in the licensed professions. It will not be made part of your licensure file and will not be released to anyone. While the provision of this information is voluntary on your part, our statutory responsibilities contemplate the collection of reliable information and we therefore encourage you to participate.

If you would like more information about educational and scholarship programs designed to assist people pursue professional education or if you are a licensed professional interested in volunteering in such programs, please write or call the Division of Postsecondary Equity and Access Programs (518) 473-6810.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS FORM

1. Complete Items 1-5 by printing all information clearly in the boxes provided.
2. Complete Items 6 & 7 by placing an (X) in the appropriate box.
3. Return this form to: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

1 ☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

2 ☐☐☐ FIRST 3 LETTERS OF LAST NAME

3 BIRTH DATE ☐☐☐☐☐☐ mo. day yr.

4 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION.

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 ADDRESS

Care of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐

6 GENDER
- ☐ Male (M)
- ☐ Female (F)

7 ETHNICITY
- ☐ American Indian or Alaskan Native (I)
- ☐ Asian or Pacific Islander (A)
- ☐ Black (not Hispanic) (B)
- ☐ Hispanic (H)
- ☐ Caucasian/White (not Hispanic) (W)

FORM 2NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

VERIFICATION OF PROGRAM: GRADUATES OF NURSE PRACTITIONER PROGRAMS MUST COMPLETE THIS FORM

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Send this form to the school/institution you attended for the Nurse Practitioner Program. See Nurse Practitioner Packet for requirements and additional information. Be sure to include any fee required by the school.
3. For each concentration/specialty area a Form 2NP must be submitted.

SECTION I: CANDIDATE INFORMATION

1	2	3	4
☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER	☐☐☐ FIRST 3 LETTERS OF LAST NAME	BIRTH DATE ☐☐☐☐☐☐ mo. day yr.	☐☐☐☐☐☐ NEW YORK STATE LICENSE NUMBER

5 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6 ADDRESS

Care of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐

7 Print name under which Nurse Practitioner Credential was awarded: _____

8 School/Institution of Nurse Practitioner Program attended: _____

9 Concentration/Specialty area: (Title) _____
[See Form 1, item 15 (b)]

10 Credential Awarded: _____ Dated: _____

October 1990

VERIFICATION BY SCHOOL OFFICIAL IS TO BE MADE ON REVERSE SIDE

SECTION II: VERIFICATION OF NURSE PRACTITIONER PROGRAM

INSTRUCTION TO SCHOOL: Please complete Part I & Part II of this section of the Verification application form. This form must be returned directly to the Division of Professional Licensing Services. It will not be accepted if incomplete or if returned by the candidate. NOTE: If candidate has more than one program, a Form 2NP must be submitted for each program completed.

PART I: (The program has been completed and the credential awarded). (Please attach an official transcript to this form).

It is hereby verified that: _____
(Candidate's Name - See item 7 reverse side)

has completed a program qualifying for Certified Nurse Practitioner. The official program title completed by the candidate is as follows: (See item 10 reverse side).

Official Program Title: _____

The program contained: _____ hours of classroom instruction (Number) _____ hours of preceptorship with a Nurse Practitioner or Physician (Number)

Credential Awarded: _____ Date: _____

		Circle Below	
1	The individual named has completed a pharmacology component of not less than three semester hours or the equivalent; including instruction in drug management of clients in the nurse practitioner's concentration/specialty area.	Yes	No
2	The individual named has completed a pharmacology component, including instruction in New York State and Federal Laws related to prescriptions and record keeping.	Yes	No

PART II: **(The program has been completed and the credential awarded).**

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement.

Signature: _____

Print or Type Name: _____

Title or Official Position: _____

Institution: _____ (COLLEGE SEAL)

Address: _____

_____

Telephone Number: _____

Date: _____

ATTACH TRANSCRIPT TO THIS FORM AND RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 3NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

VERIFICATION OF NURSE PRACTITIONER EXAMINATION ADMINISTERED BY A NATIONAL ASSOCIATION

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Form 3NP must be filed for each certification. Send this form to the National Association for completion of the verification on the reverse side. Be sure to include any fee required.

SECTION I: CANDIDATE INFORMATION

1	2	3	4
☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER	☐☐☐ FIRST 3 LETTERS OF LAST NAME	BIRTH DATE ☐☐☐☐☐☐ mo. day yr.	☐☐☐☐☐☐ NEW YORK STATE LICENSE NUMBER

5 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last ☐☐☐☐☐☐

SECTION II: VERIFICATION OF REGISTERED PROGRAM

INSTRUCTIONS: Please complete Part I & Part II of this section and return this form directly to the Division of Professional Licensing Services. This form will not be accepted if returned by the candidate.

PART I:

It is hereby verified that: _____
(Candidate's Name - See item 9 reverse side)

has passed the certification examination as a Nurse Practitioner.

1

a. Certification examination title: _____

b. Certificate awarded: (Title) _____

c. Certificate number: _____ Date initial certificate awarded: _____

d. Is this nurse currently certified: _____ Expiration Date: _____

2

a. Education Program that was basis for admission to the examination:

Program	Entrance date	Completion date
_____	_____	_____

b. Degree/diploma awarded: _____ Date: _____

c. Institution: _____

Address: _____

PART I:

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement.

Signature: _____

Title: _____

Agency: _____ (SEAL)

Address: _____

_____

Date: _____

RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 4NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

VERIFICATION OF COURSE COMPLETED FOR PRESCRIPTION PRIVILEGE WHICH INCLUDES INSTRUCTION IN NEW YORK STATE AND FEDERAL LAWS RELATING TO PRESCRIPTIONS AND RECORD KEEPING

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Section II must be completed by the school/institution you attended where you completed a program for prescription privilege which includes instruction in New York State and Federal Laws relating to prescriptions and record keeping.

SECTION I: CANDIDATE INFORMATION

1 ☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

2 ☐☐☐ FIRST 3 LETTERS OF LAST NAME

3 BIRTH DATE ☐☐☐☐☐☐ mo. day yr.

4 ☐☐☐☐☐☐ NEW YORK STATE LICENSE NUMBER

5 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6 ADDRESS

Care of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐

7 Print name under which course was completed: _____

8 School/Institution where course was completed: _____

Address: _____

October 1990

VERIFICATION BY AN OFFICIAL IS TO BE MADE ON REVERSE SIDE

SECTION II: VERIFICATION OF PRESCRIPTION COURSE

INSTRUCTION TO ACADEMIC INSTITUTION/PROFESSIONAL ASSOCIATION: Please complete Part I & II of this section of the Verification application form. This form must be returned directly to the Division of Professional Licensing Services. It will not be accepted if incomplete or if returned by the candidate.

PART I:

It is hereby verified that: _____
(Candidate's Name - See item 7 reverse side)

has completed a pharmacology component of _____ hours, including instruction in New York State and Federal Laws related to prescriptions and record keeping.

Date(s) of the course: _____

PART II:

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement.

Signature: _____

Print or Type Name: _____

Title or Official Position: _____

Institution: _____ (COLLEGE SEAL)

Address: _____

_____

Telephone Number: _____

Date: _____

RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 5NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

PRACTICE PROTOCOLS

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Section II must be completed by you and the collaborating physician with whom you have a practice agreement and practice protocol.

SECTION I: CANDIDATE INFORMATION

1	2	3	4
SOCIAL SECURITY NUMBER	FIRST 3 LETTERS OF LAST NAME	BIRTH DATE mo. day yr.	NEW YORK STATE LICENSE NUMBER

5 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last

First

Middle

6 ADDRESS

Care of

Misc. (Bldg. & Apt., etc.)

Street

City

State Zip Code

SECTION II: PRACTICE PROTOCOL

PART I:

1 Name of Collaborating Physician: _____
(Please Print) (Last) (First) (Middle)

2 Address: _____
(Street) (City) (State) (Zip Code)

3 Telephone Number: _____ - _____ Area of Current Practice: _____
(Area Code) (Number)

4 New York State Medical License Number: _____

5 Area of Specialty Practice: _____

PART II:

Are you using a practice protocol that is a standard publication?	Circle Below: Yes	No

If "Yes," list title, publisher, and date of publication:

_____

_____

_____

If "No," or if you are supplementing a standard publication with additional material, you may submit a copy of your protocol or supplementary material to the Department with this form but no later than 90 days after commencement of practice.

Site(s) of practice: (include agency and address)

Description of Practice Site: (Clinic, Private Office, HMO, etc.)

Description of Practice:

We hereby verify that we have a written practice agreement and practice protocols.

_____ _____

(Nurse Practitioner's Signature) (Date)

_____ _____

(Physician's Signature) (Date)

RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 6NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

VERIFICATION OF PHARMACOLOGY COURSE OF NOT LESS THAN THREE SEMESTER HOURS OR THE EQUIVALENT

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Section II must be completed by the school/institution you attended where you completed a pharmacology course including instruction in drug management of clients in the nurse practitioner's concentration/specialty area.

SECTION I: CANDIDATE INFORMATION

1	2	3	4
☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER	☐☐☐ FIRST 3 LETTERS OF LAST NAME	BIRTH DATE ☐☐☐☐☐☐ mo. day yr.	☐☐☐☐☐☐ NEW YORK STATE LICENSE NUMBER

5 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6 ADDRESS

Care of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐

7 Print name under which course was completed: _____

8 School/Institution where course was completed: _____

Address: _____

October 1990

VERIFICATION BY AN OFFICIAL IS TO BE MADE ON REVERSE SIDE

SECTION II: VERIFICATION OF PHARMACOLOGY COURSE

INSTRUCTION TO ACADEMIC INSTITUTION/PROFESSIONAL ASSOCIATION: Please complete Part I & Part II of this section of the Verification application form. This form must be returned directly to the Division of Professional Licensing Services. It will not be accepted if incomplete or if returned by the candidate.

PART I:

It is hereby verified that: _____ has completed a pharmacology course
(Candidate's Name - See item 7 reverse side)

including instruction in drug management of clients in the nurse practitioner's concentration/specialty area of _____.

This course was ☐ Part of Nurse Practitioner Program, or ☐ Supplementary Course. The inclusive date(s) of the course were: _____

_____. The length of the course was: _____ or _____.
(semester hours) (clock hours)

PART II:

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement.

Signature: _____

Print or Type Name: _____

Title or Official Position: _____

Institution: _____ (SEAL)

Address: _____

_____

Telephone Number: _____

Date: _____

RETURN TO: Division of Professional Licensing Services, Nurse Unit, Cultural Education Center, Albany, New York 12230.

FORM 7NP CERTIFIED NURSE PRACTITIONER	The University of the State of New York THE STATE EDUCATION DEPARTMENT Division of Professional Licensing Services	DEPARTMENT USE ONLY Approved: _____ Date: _____

VERIFICATION OF EXPERIENCE: CANDIDATES SEEKING CERTIFICATION UNDER ALTERNATE CRITERIA MUST COMPLETE THIS FORM

CANDIDATE INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your application Form 1.
2. Provide this form to the person who directly supervised the work for which you are seeking credit. Experience must be within the specialty for which certification is sought.
3. A separate form must be provided to each supervisor.

SECTION I: CANDIDATE INFORMATION

1 ☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

2 ☐☐☐ FIRST 3 LETTERS OF LAST NAME

3 BIRTH DATE ☐☐☐☐☐☐ mo. day yr.

4 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION FORM 1.

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5 NURSE PRACTITIONER SPECIALTY AREA FOR WHICH APPLYING: _____

SUPERVISOR'S INSTRUCTION

The individual above is seeking certification as a Nurse Practitioner. This application is partially based upon the clinical experience at an Article 28 facility or school health project in an expanded role that occurred under your supervision. The purpose of this objective performance evaluation is to determine the competency of the Nurse Practitioner to provide primary care, and is a summary evaluation based upon first hand observation, anecdotal notes, and other documentation of the Nurse Practitioner's consistent performance.

The rating is either "satisfactory", "unsatisfactory", or "not applicable". A checkmark will indicate the rating. There is space at the end to provide any additional comments you may have regarding the performance of this individual (attach additional sheets, if required).

Please return this form directly to the Division of Professional Licensing Services at the address on the reverse side.

1. Institution identification:

   Name of Institution: _____

   Address: _____

   _____

   Article 28 Facility: ☐ Yes ☐ No If yes, since _____

2. Experience:

   In what capacity was applicant employed: _____

   ☐ Full time ☐ Part time

   Inclusive dates (note interruptions) From: _____ (Mo. Day Yr.) To: _____ (Mo. Day Yr.)

   Specialty or clinical area of experience: _____

   If available, attach job description.

BEST COPY AVAILABLE

SUMMARY PERFORMANCE EVALUATION

	A. HEALTH ASSESSMENT	Satisfactory	Unsatisfactory	Not Applicable
1	Demonstrates skillful interviewing of clients.			
2	Elicits an age-appropriate comprehensive health history.			
3	Elicits and records information specific to the client's complaints e.g., onset, timing, duration, location, associated symtoms, alleviating factors, quantity / intensity, etc.)			
4	Performs a complete physical examination.			
5	Demonstrates use of appropriate techniques of inspection, palpation, percussion, and auscultation throughout the examination.			
6	Prepares client charts for review according to the facilities schedule.			
7	Differentiates normal from abnormal findings.			
8	Uses appropriate equipment accurately & efficiently when performing a physical examination.			
9	Adapts the history and physical to meet the needs of individual clients.			
10	Selects appropriate diagnostic tests to gather information necessary to evaluate the health status of a client.			
11	Records information in a well-organized, concise manner.			
12	Analyzes all data in order to formulate an assessment of the client's status and establish a plan of care.			
13	Identifies specific health promotion / maintenance needs of clients and families.			
14	Describes etiology, developmental considerations, pathogenesis and clinical manifestations of specific disease processes.			
15	Correlates pathophysiology with client's signs & systems.			
16	Correlates pathophysiology with laboratory data.			
17	Demonstrates knowledge of pathophysiology of acute and chronic diseases or conditions commonly encountered in the practice setting.			
	B. TECHNICAL SKILLS			
1	Performs and interprets selected laboratory tests.			
2	Performs technical skills specific to practice setting.			
3	Performs therapeutic maneuvers skillfully.			
	C. MANAGEMENT OF ACUTE AND CHRONIC ILLNESSES			
1	Assesses and manages most common acute illnesses according to areas of preparation, age of client, legal parameters and current standards of practice.			
2	Assesses and manages stable chronic illnesses according to areas of preparation, age of client, legal parameters and current standards of practice.			
3	Identifies and manages emergency or crisis situations.			
4	Collaborates with health team members and makes appropriate referrals.			
5	Demonstrates diagnostic reasoning ability in formulating assessments.			

Please comment on the nurse practitioners overall performance and ability to provide primary care services:

CERTIFICATION

I have personally observed the person named on this form in performance of the competencies indicated, from _____ to _____ and verify by my signature that the above evaluation is accurate to the best of my knowledge.
(Mo. Day Yr.) (Mo. Day Yr.)

Name: _____
(Print)

Signature: _____

Title of Supervisor: _____ (SEAL)

Qualifications: _____
(RN, NP, MD, Other)

Date: _____

RETURN TO: Division of Professional Licensing Services, Nurse Practitioner Processing Unit, Cultural Education Center, Albany, New York 12230.